

Nevada State Board of Massage Therapists

P.O. Box 11427

Reno, NV 89510-1427

(775) 220-8775



INSTRUCTION FOR APPLICATION FOR NEW LICENSURE

An application form for a Massage Therapist License is enclosed. Please read these instructions carefully before completing the application. Incomplete applications may cause delays in processing your application. If you have questions about completing the application, please visit our website

<http://massagetherapy.nv.gov> for a list of frequently asked questions or to email the board.

An application file is considered "open" when the Board has received the appropriately completed application with all of the required attachments and the fees as outlined within this application. Applications become the property of the board.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING.

1. A completed and signed massage license application (Pages 3 to 7)
2. A money order or cashier check payable to Nevada State Board of Massage Therapists. See the attachment that separately lists the fees. All fees are NON – REFUNDABLE.
(Please do not send a personal check)
3. Official transcript of your professional training.
Note: this must be mailed directly to the Board by the school where you completed your training. Photocopies and/or reproductions of your classes may not be accepted and will be subject to Board review prior to approving application.
4. Photocopies of required documents include:
 - a. Photocopy of your massage diploma or certificate of completion
 - b. Photocopy of your NCTMB certification or documentation showing successful completion of the National Certification exam for Therapeutic Massage (NCETM) or the National Certification exam for Therapeutic Massage and Bodywork (NCETMB)
 - c. State issued photo ID, drivers license, work card or other documentation that will assist us in processing your application
 - d. Alien Resident Card – if applicable
 - e. One passport size photograph, please print your name and date on the bottom of the photo
 - i. Original color photo only
 - ii. No larger than 2" x 2" Close up, front view of FACE – no profile
 - iii. Taken within 60 days of application date
5. A signed and notarized "Affidavit of Applicant" (page 7)
6. A State of Nevada and an FBI criminal history background investigation is required. To complete this step two sets of fingerprints are required. The applicant is asked to go to a local law enforcement agency, or an agency that is authorized to perform this service.
Note: See attached list of agencies that perform fingerprinting services. Law enforcement agencies in other states may perform this service as well. The fingerprinting service or technician may charge you a separate fee to take your fingerprints.
7. Temporary license application allows an individual the ability to work while awaiting the results of the completed application. The applicant must have submitted a complete application

packet and scheduled or taken the exam and provided fingerprints to the board for a criminal history background investigation.

You may request a temporary license if you have scheduled the National Certification Exam and/or are awaiting results of the criminal history background investigation. The temporary license is valid for ninety (90) days. **During this period the applicant must work under the supervision of a duly licensed massage therapist.** A form is provided (page 8) that asks for name, address and license information of the licensed massage therapist who will be supervising the applicant. Massage services can only be done in the massage establishment that is owned or operated by the supervising Massage Therapist. Outcall is not permitted while working under a temporary license. The board will consider the application only after ascertaining the qualifications of the licensed person(s) who will be supervising the applicant and reviewing the application.

In Review

- a. Fill out all applicable sections of the application completely. Missing information may cause delays.
- b. If a temporary license is requested complete the attached form and ask the duly licensed massage therapist to sign the form providing all information requested.
- c. Include all fees applicable in Cashiers Check or Money Order payable to Nevada State Board of Massage Therapists... **(Personal checks will not be accepted)**. All fees are NON REFUNDABLE.
- d. Mail the complete application and fees to: Nevada State Board of Massage Therapists, P.O. Box 11427, Reno, NV 89510-1427

ADDITIONAL INFORMATION

An application must be "administratively complete" before the Board will review and rule on the application. In order to be considered "administratively complete" the board must have received a completed application form, a fingerprint report from the Department of Public Safety and the FBI (if applicable), and all required supporting documentation and fees. The application may then be considered by the Board for approval.

- Each applicant has the responsibility to contact information sources (i.e., schools, municipalities, licensing boards, court records) to verify that the materials required for an application to be considered administratively complete have been sent to the Board, (example: NCBTMB, State verification(s), conviction records and official transcripts.)
- Applicants must submit in writing any address changes, phone numbers and name changes within 15 days (a copy of your court documents are required for name changes such as marriage certificate or divorce decree is required).

If you would like a copy of the State Massage Board's Law and Rules you may download them for free from the Board's website <http://massagetherapy.nv.gov> or by visiting the State of Nevada Law Library <http://leg.state.nv.us> and accessing NRS 640C



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Massage Therapist Application

Please type or print legibly all portions of this application. All of this application must be filled in so use N/A for items not applicable. Incomplete applications will not be processed.

Applicant Name Last		First		Middle Initial	
List all other names previously or currently being used by you					
Residence address (do not list Post Office boxes or mailbox drop addresses) Street				City	State Zip
Residence address (if less than 1 year) Street				City	State Zip
Mailing address (if different than the residence address) Street or PO Box				City	State Zip
Business Address Street				City	State Zip
Home Phone	Cell Phone	Business Phone		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number		Date of Birth		Place of Birth	

Section 1 Licensure and Training

Previous Licensure

List all jurisdictions/states in which you have been licensed as a massage practitioner. Please attach another sheet of paper if you need more room.

☐ Please check here if you have never been licensed in any state jurisdiction.

Jurisdiction/ State	License Number	Year Issued	Expiration Date

Section 2 Massage training and education

Massage Training

Please request official transcripts from the registrar of your schools mailed directly to the Nevada State Board of Massage Therapists.

Name of School	City and State	Years from and to	Hours Completed

Section 3 National Certification Board for Therapeutic Massage and Bodywork

National Certification Board for Therapeutic Massage

Please provide a copy of your official certificate

Where taken	Date Taken	Expiration Date

Section 4 Character References

Please list the names and addresses of five (5) natural persons who are not related to you and are not business associates and who are willing to serve as a character reference. Use additional sheet of paper if necessary

Name	Mailing Address	Telephone

Section 5 Application Screening Questions (use additional sheets of paper if needed)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. Have you ever had any disciplinary proceedings instituted against you relating to your license to practice massage?</p> <p>If yes, complete the following:</p> <p>Date of Revocation/suspension/surrender/ or any other disciplinary action: _____</p> <p>Licensing Agency/jurisdiction that took action: _____</p> <p>Name and Address of Employer/supervisor: _____</p> <p>Reason for action: _____</p>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. Have you been arrested or convicted, within the 10 years immediately preceding submission of this application, of a felony or for any crime involving violence, prostitution or any other sexual offense?</p> <p>If yes, complete the following:</p> <p>Date of Charge/offense: _____</p> <p>Name and Address of Law Enforcement Agency: _____</p> <p>Charge: _____</p> <p>Disposition: _____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> a. A letter of explanation that addresses the impairment or limitations of practice b. A letter of reference from you current/last employer c. A copy of your last employment evaluation d. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities b. Documentation from knowledgeable individual(s) documenting your length of sobriety c. Documentation of inpatient or outpatient chemical dependency treatment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of massage?</p> <p>If yes, you must submit:</p> <ul style="list-style-type: none"> a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of massage safely b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out massage duties reliably and with good judgment.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>6. Have you committed any of the offenses as outlined below and in NRS 640C.700: NRS 640C.700 Grounds for disciplinary action. The Board may refuse to issue a license to an applicant, or may initiate disciplinary action against a holder of a license, if the applicant or holder of the license:</p> <ol style="list-style-type: none"> 1. Has submitted false, fraudulent or misleading information to the Board or any agency of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government; 2. Has violated any provision of this chapter or any regulation adopted pursuant thereto; 3. Has been convicted of a crime involving violence, prostitution or any other sexual offense, a crime involving any type of larceny, a crime relating to a controlled substance, a crime involving any federal or state law or regulation relating to massage therapy or a substantially similar business, or a crime involving moral turpitude within the immediately preceding 10 years. 4. Has engaged in or solicited sexual activity during the course of practicing massage on a person, with or without the consent of the person, including, without limitation, if the applicant or holder of the license: <ol style="list-style-type: none"> (a) Made sexual advances toward the person; (b) Requested sexual favors from the person; or (c) Massaged, touched or applied any instrument to the breasts of the person, unless the person has signed a written consent form provided by the Board; 5. Has habitually abused alcohol or is addicted to a controlled substance; 6. Is, in the judgment of the Board, guilty of gross negligence in his practice of massage therapy; 7. Is, determined by the Board to be professionally incompetent to engage in the practice of massage therapy; 8. Has failed to provide information requested by the Board within 60 days after he received the request; 9. Has, in the judgment of the Board, engaged in unethical or unprofessional conduct as it relates to the practice of massage therapy; 10. Has been disciplined in another state, a territory or possession of the United States or the District of Columbia for conduct that would be a violation of the provisions of this chapter or any regulations adopted pursuant thereto if the conduct were committed in this State; 11. Has solicited or received compensation for services relating to the practice of massage therapy that he did not provide; 12. If the holder of the license is on probation, has violated the terms of his probation; or 13. Has engaged in false, deceptive or misleading advertising, including, without limitation, falsely, deceptively or misleadingly advertising that he has received training in a specialty technique of massage for which he has not received training, practicing massage therapy under an assumed name and impersonating a licensed massage therapist.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>7. Are you currently a party to any pending litigation? If yes, please indicate whether you are a plaintiff or defendant and describe the nature of the litigation.</p>
<p>Section 6 Child Support Information</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I am subject to a court order that requires me to pay for the support of one or more children.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>I am in compliance with that court order. (If you answered No to the question above, mark N/A)</p>



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Affidavit of Applicant / Authorization of Release

I, _____, certify that I am the person described and identified in this application;

I have answered all the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I certify that I have not had any disciplinary proceedings instituted against me relating to my license to practice massage and I have not been arrested or convicted, within the 10 years immediately preceding submission of this application, for any crime involving violence, prostitution or any other sexual offense.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and municipalities (local, state, federal and foreign) to release to the Nevada State Board of Massage Therapists any information, files or records required by the Nevada State Board of Massage Therapists in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Nevada.

Signature of Applicant: _____ Date: _____

State of _____ County of _____

Signed and sworn to before me this _____ day of _____ 20__ by _____

_____, who personally appeared before me.

Notary Public Signature

Notary commission expiration date

(Official Stamp)



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Temporary License Application

Application for a temporary license while awaiting the results of the criminal history background investigation and/or the exam. The temporary license is valid for ninety (90) days only. No extension of this license will be granted. All other documents in this packet must be in order before the board will review your application for a temporary license.

The Temporary License allows the applicant to work under the supervision of a massage therapist who holds a valid Nevada State or Local Nevada Massage License. The applicant must be supervised by a licensed massage therapist at all times. **Outcall is not permitted under the temporary license.** If the applicant will be working in a business or spa they may be supervised by more than one massage therapist. Attach a separate signed form for each massage therapist who will be supervising the applicant.

I, _____ request the Board to issue a temporary license while I am awaiting the results of the exam and the criminal history background investigation.

Signed: _____ Date: _____

Name of Licensed Massage Therapist acting as supervisor:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cellular/
Other _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

Licensed issued by: _____

I, _____ certify that I am the duly licensed massage therapist in Nevada who will be supervising the applicant at my place of business for a period not to exceed ninety (90) days. I understand that I will notify the Board of any changes to the terms of this agreement.

Signature of supervising massage therapist: _____

Date: _____



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Previous Criminal History Background Investigation

The board will consider a previous criminal history background investigation that is performed in Nevada. If you have had a criminal history background investigation performed within the last six (6) months, please provide the following information to the law enforcement agency that performed the investigation.

Please provide the law enforcement agency with an addressed, stamped envelope along with the following forms. Previous Criminal History Background Investigation and Certified Statement from State Licensing to be completed and mailed directly to the Nevada State Board of Massage Therapists at P.O. Box 11427, Reno, NV 89510-1427.

To be completed by the agency that performed the background history investigation in Nevada
(City, county or other):

Date: _____

Applicant Name: _____

Type of criminal history background check done on applicant (if any):

☐ FBI criminal history Date done: _____

☐ Local law enforcement criminal history Date done: _____

☐ Other: _____

☐ No Local or F BI criminal background check performed

Name of licensing agency/jurisdiction: _____

Address: _____

Phone: _____ Fax: _____

Please print agent's name: _____ Title: _____

Signature: _____ Date: _____

(Official Stamp)



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Certified Statement from State Licensing Authority

Dear Sirs,

The applicant listed herein has applied to the Nevada State Board of Massage Therapists for a license for Massage Therapy. In order to complete this application, we request that you complete the following and mail to the Nevada State Board of Massage Therapists at the address listed above. Your assistance in this matter is greatly appreciated.

Lisa Cooper, Executive Director,
Nevada State Board of Massage Therapists

Applicant Name: _____ License Number: _____

This certified statement issued by the licensing authority in each state/territory or possession of the United States or the District of Columbia in which the applicant is or has been licensed to practice massage therapy during the immediately preceding 10 years verifying that: (please circle appropriate response)

The applicant ☐ **has** / ☐ **has not** been involved in any disciplinary action relating to their license; and Disciplinary proceedings relating to this license to practice massage therapy ☐ **are** / ☐ **are not** pending.

Case Number: _____ Jurisdiction: _____

To be completed by the State Licensing authority in the State(s) where you are currently or have been licensed:

Date: _____

Name of licensing agency/jurisdiction: _____

Address: _____

State, Zip: _____

Phone: _____ Fax: _____

Signature: _____

Date: _____

Title: _____

Please print agent's name: _____

(Official Stamp)

Nevada State Board of Massage Therapists

Instructions for Completion of Fingerprint Cards

1. All applicants must complete two fingerprint cards
2. It often takes several months for the Nevada Department of Public Safety and the FBI to process the fingerprint cards – PLAN AHEAD!
3. Complete all requested information blocks on both cards. Make sure these areas are completed and legible: Last, first, and middle names, signatures, residence (complete Address); citizenship; date of birth; place of birth; sex; race; height; weight; eyes; hair; and social security number. Cards without all information blocks completed are considered "incomplete" and will be returned to the applicant. Illegible cards will not be processed.
4. Law enforcement agencies (highway patrol, police, sheriff) in all 50 states can place your fingerprints on the cards and complete the remaining required information. Fingerprinting may also be done by a medical facility that has the appropriate equipment and staff trained/certified by the State of Nevada Records and Identification Services.
5. **Make Certain:**
 - a. Both fingerprint cards are completed with legible fingerprints
 - b. Descriptive information is complete and legible
 - c. Both cards are signed by the appropriate persons (applicant and official)
 - d. Include the fingerprint cards with your completed application that is mailed to the Board with appropriate fees.

Please Note: fingerprint results are valid for only six months.

NOTICE: It may take several months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI. If you are eligible for a temporary license, it will only be valid for three months from the date of issuance.

Partial list of Fingerprinting Sites

The Nevada State Board of Massage Therapists does not endorse or recommend any organization on this list. (It is intended for informational only)

- CLARK COUNTY –

Henderson	North Las Vegas	
Henderson Police Department 223 Lead St Henderson, NV 89015 Phone 702-267-4720	North Las Vegas Police Department 1301 E Lake Mead Blvd North Las Vegas, NV 89030 Phone: 702-633-1718	
Mesquite	Las Vegas	
Mesquite Police Department 500 Hillside Drive Mesquite, NV 89027 Phone: 702-346-5262	Las Vegas Metro PD Fingerprint Bureau 5880 Cameron Street Las Vegas, NV 89116 Phone: 702-828-3271	

- WASHOE COUNTY -

Reno Police Department 455 East Second St Reno, NV 89505 Phone: 775-334-2155	Sparks Police Department 1701 Prater Way Sparks, NV 89434 Phone: 775-353-2220	Washoe County Sheriffs Office 911 Parr Blvd Reno, NV 89512 775-328-3032
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- ALL OTHER COUNTIES -

Carson City	Churchill County	
Carson City Sheriffs Office 901 East Musser St Carson City, NV 89701 Phone: 775-887-2020	Fallon Police Department 55 West Williams Ave Fallon, NV 89406 Phone: 775-423-2111	Churchill Co Sheriffs Office 73 N Maine St Fallon, NV 89406 Phone: 775-423-3116
Douglas County	Elko County	
Douglas County Sheriffs Office 1625 Eighth St Minden, NV 89423 Phone: 775-782-9932	Elko County Sheriffs Office 775 West Silver St Elko, NV 89801 Phone: 775-777-2502	Elko Police Department 1401 College Ave Elko, NV 89801 Phone: 775-777-7312
	Eureka County	Esmeralda County
West Wendover Police Dept 801 Florence Way West Wendover, NV 89883 Phone: 775-644-2930	Eureka Co Sheriffs Office 411 N. Main St Eureka, NV 89316 Phone: 775-237-5330	Esmeralda Co. Sheriffs Office Courthouse, 233 Crook St Goldfield, NV 89013 Phone: 775-485-6393
Humboldt County	Lander County	Lincoln County
Humboldt Co. Sheriffs Office Administrative Offices 25 W Fifth Street Winnemucca, NV 89445 Phone: 775-623-6419	Lander Co. Sheriffs Office State Route 305 #2 Battle Mountain, NV 89820 Phone: 775-635-1100	Lincoln Co. Sheriffs Office County Courthouse Pioche, NV 89043 Phone: 775-962-5151
Lyon County		Mineral County
Lyon County Sheriffs Office 30 Nevin Way Yerington, NV 89447 Phone: 775-463-6620	Yerington Police Dept 30 Nevin Way Yerington, NV 89447 Phone: 463-2333	Mineral Co. Sheriff 105 South A Street Hawthorne, NV 89415 Phone: 775-945-1046
Nye County		
Tonopah 101 Radar Road Tonopah, NV 89049 Phone: 775-482-7358	Beatty 426 C Avenue South Beatty, NV 89003 Phone: 775-553-2345	Pahrump 1520 East Basin Road Pahrump, NV 89060 Phone: 775-751-4237
Pershing County	Storey County	
Pershing Co. Sheriffs Office 395 Ninth St Lovelock, NV 89419 Phone: 775-273-2641	Storey Co. Sheriffs Office 911 Highway 341 South Virginia City, NV 89440 Phone: 775-847-0959	
White Pine County	Other States	
White Pine Co. Sheriffs Office 1785 Great Basin Blvd Ely, NV 89301 Phone: 775-289-8808	Any Law enforcement agency is able to provide this service	

In addition there may be private companies that provide official fingerprinting service.



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Massage Therapist Application Fees

Please type or print legibly all portions of this application.

Please list all applicable fees

For the application for a license	\$ 50.00	\$ _____
License Fee	\$ 150.00	\$ _____
Application for a Temporary License	\$ 50.00	\$ _____
Temporary (90 days) License Fee	\$ 50.00	\$ _____
Criminal History and FBI Background Investigation	\$ 100.00	\$ _____
Total amount enclosed		\$ _____

Please include with your completed application
all applicable fees in the form of a certified check or money order payable to:

Nevada State Board of Massage Therapists

All fees are non-refundable.

Personal checks will not be accepted and may delay your application